

Thames Health Care Limited

Thames House

Inspection report

Thames Street
Rochdale
OL16 5NY
Tel: 01706 751840

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Ratings

Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

This was an unannounced inspection which took place on the 3 September 2015. The service was last inspected on the 9 May 2014 where it was found to be compliant.

Thames House provides accommodation and nursing care to people with Huntington's disease, acquired brain injury and other physical disabilities. The service is registered to provide nursing care for up to 20 people. There were eleven people living in the service on the day of our inspection.

The service did not have a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality

Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We had received a notification from the provider to inform us the registered manager left their employment with the service on the 27 May 2015 and were informed that a peripatetic manager was in place in the service until such time as a replacement manager was employed. The peripatetic manager was on annual leave on the day of our inspection.

Summary of findings

During this inspection we found breaches in the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. You can see what action we have told the provider to take at the back of the full version of the report.

We observed staffing levels that were insufficient. Staff struggled to take time for their lunch and the one registered nurse on duty was unable to administer medicines at the correct time.

Liquid medicines had been opened and some did not contain the date when they were opened. We observed medicines that should have been administered at 12 noon were given late owing to insufficient staff being on duty, although staff had signed the Medicine Administration Record (MAR) to confirm this was administered at 12 noon. **We have made a recommendation in relation to the recording and storage of medicines within the service.**

The training matrix showed that a significant number of staff had not received training in some areas and refresher training had not been completed for mandatory courses. Supervisions were not being conducted in time frames set by the service.

Equipment was available throughout the service to support people with limited or no mobility. Records showed all equipment was checked on a regular basis to ensure this was safe to use.

Robust recruitment processes were followed to ensure people's suitability to work within the service. This included Disclosure and Barring Service (DBS) checks and written references.

We looked at fire safety within the service and found that people had Personal Emergency Evacuation Plans (PEEP's) in place, there was a fire risk assessment and regular fire drills were completed.

The majority of people who used the service were unable to communicate verbally. However staff were able to communicate with people in other ways, such as picture boards and hand gestures.

The service had considered the Mental Capacity Act (MCA) 2005. We found notes from best interest meetings and decisions were in place for those people who used the service who lacked mental capacity. Deprivation of Liberty Safeguards (DoLs) applications had been submitted for all the people who used the service.

People who used the service had access to a range of healthcare professionals in order to meet their health needs such as specialists in Huntington's Disease, GP's and dieticians.

Bathrooms within the service were well equipped with hoists and other mechanical aids. Sensory equipment was also installed such as coloured lights and music.

People who used the service were offered a range of activities on a regular basis. These included going to the cinema, boat trips and attending the theatre. Festivals such as Halloween and St Patrick's Day were also celebrated with a themed day.

Care records contained enough information to guide staff on the care and support required and contained information relating to what was important to the person. These were reviewed regularly and evidenced family involvement.

Quality assurance systems that were in place were sufficiently robust to identify areas for improvement. Policies and procedures were also in place and accessible for staff to follow good practice.

Annual satisfaction surveys were given to people who used the service, staff members and relatives to gain feedback on the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Staffing levels within the service were low. Records showed that staffing levels were insufficient and we observed staff struggled to take time to have their lunch and to give medicines out on time.

Medicines were not always managed safely. Medicines that should be dated when opened, such as liquid medicine, were not always dated. The recording times of medicines was not always correct.

Risk assessments were in place within the service in relation to the environment in order to keep people safe.

Requires improvement



Is the service effective?

The service was not always effective.

Staff had not received training in some areas and had not received mandatory refresher training. Supervisions were not held as described in the policy and procedure.

All the relatives we spoke with told us they felt their family members health needs were being met.

The layout of the service ensured that all areas were accessible to people who used wheelchairs. Corridors were wide and bedrooms were spacious.

Requires improvement



Is the service caring?

The service was caring.

We observed interactions from staff members that were kind and caring. One relative told us that staff were "Sincere".

All of the care staff we spoke with confirmed that they would be happy for the service to look after one of their relatives.

We looked at various records throughout the service and found that staff wrote about people who used the service in a compassionate and respectful manner. We saw that people were asked about their likes and dislikes and these were documented in care records.

Good



Is the service responsive?

The service was responsive.

We saw that people who used the service were offered a range of activities on a regular basis. These included attending the cinema and going on boat trips.

Good



Summary of findings

The care records contained enough information to guide staff on the care and support required and also lots of information about what was important to the person in their daily lives.

Staff members ensured they gave people choices about the care and support they received on a daily basis. We observed one staff member discussing the menu for the day with someone who used the service.

Is the service well-led?

The service was not always well-led.

The service did not have a registered manager in place. A peripatetic (temporary) manager was in the service until such time as a new manager was employed.

We asked one staff member what the culture of the home was like. They told us “It is good, people are included and staff get along for the best of people who use the service”.

Improvement plans were in place for the service. We saw the reception area had recently been re-furnished to a high standard.

Requires improvement



Thames House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 September 2015 and was unannounced.

The inspection team consisted of one adult social care inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. This helped to inform us what areas we would focus on as part of our inspection. We had not requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The local commissioning team, local authority safeguarding team and Healthwatch informed us they had not received any concerns.

We spoke with one person who used the service (as the other people who used the service were unable to communicate with us) and four relatives. We also spoke with a registered nurse, a team leader, two care staff members, two domestic staff, a housekeeper, the catering manager, the administrator and the maintenance person. We also spoke with two registered managers who attended Thames House from other services within the company due to our presence to assist with the inspection process.

We looked at the care records for four people who used the service and the personnel files for six staff members. We also looked at a range of records relating to how the service was managed. These included training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

One person who used the service who was able to speak to us told us, "It (the service) is the best in the world". Relatives we spoke with felt their relative was safe in the service.

One relative told us "I would like to see a permanent manager and less staff turnover". Staff members we spoke with told us staffing levels were poor due to sickness and annual leave. One staff member told us "Staffing levels are not good; we are struggling at the moment".

We were told that all the people in the service required two people to support them throughout the day and one person occasionally required three staff members, dependent upon their presentation. The service was split into two units, one on the ground floor accommodating five people and one on the first floor accommodating six people.

We observed staffing levels on the day of our inspection and saw there was one registered nurse on duty. Staff told us and records showed there should be two registered nurses on duty, one on each floor. There were also two care staff on duty on the ground floor and three care staff on duty on the top floor. We observed that staff struggled to take time to have their lunch break and witnessed a conversation at 14:45pm where staff informed the registered nurse they had not had an opportunity to have their lunch. We also saw that people did not receive their medicines on time as there was only one nurse to administer medicines on the two units.

Rotas we looked at showed there were staff on maternity leave, sick leave and annual leave. We discussed the staffing levels with the two managers who had attended the service. They were aware that staffing levels were short and were attempting to recruit more staff; however this was proving difficult, particularly in relation to registered nurses. We were also told that managers were approaching universities and looking abroad in an attempt to recruit.

These matters are a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as staffing levels were insufficient for both nursing and care staff.

We looked to see how the medicines were managed. We saw a detailed medicine management policy and

procedure was in place. We checked the systems for the receipt, storage, administration and disposal of medicines. We also checked the medicine administration records (MARs) of the eight people who used the service.

The medicine trolley was stored in a locked office and secured to the wall when not in use. We checked the cupboards and found dressings and creams were also stored securely with a good stock control system to order only what was required.

Staff had access to reference material such as the British National Formulary and medicine advice sheets to be able to detect possible side effects. The reason and dose of 'as required' medicines was clearly recorded to ensure staff knew what they were for and when to give it.

There was a drug register and cupboard to store controlled drugs. Controlled drugs are medicines which are required by law to be stored and accounted for safely. We looked at the register and counted the medicines which were correct. Two staff signed the register. There was a staff signature list to help the registered manager audit who was responsible for any medicines errors.

Two staff signed for any medicines entering the home, including hand written prescriptions. This meant the number of medicines, dose and times of administration were checked to minimise errors. The temperature of the medicine room was checked and recorded to ensure medicines were stored safely. Some medicines needed to be kept cool. These medicines were stored in the fridge and the temperature was recorded to ensure staff followed the manufacturer's instructions.

We noted that not all liquid medication had a date written record of when it was opened. Liquids should be dated when opened so that manufacturer's guidelines can be followed in relation to discarding medicines after a specific time from the date they were opened.

We checked the Medication Administration Records (MAR's) and found there were no missing signatures and all medicines had been signed for. However we noted that due to their being one registered nurse on duty, some people who used the service did not get their medicines at prescribed times. Lunch time medicines that were prescribed for 12 noon were being administered at 14:45pm to people who lived on the ground floor unit, but were being signed as given at 12 noon on the MAR's. The correct time of administration was documented in notes

Is the service safe?

stored in people's room due to being administered through peg tubes (all fluid put through these was documented with times). All medicines administered should be given at times prescribed and any changes in times should be documented on MAR's to prevent further errors in administration. These issues posed a risk of people who used the service not receiving medicines correctly or within the prescribed time frames.

We recommend that the service considers the National Institute for Clinical Excellence (NICE) guidance on Managing Medicines in Care Homes (updated 2014) and the Nursing and Midwifery Council (NMC) Code of Conduct for nurses in relation to the recording of medicines administered and storage of medicines.

We saw that suitable arrangements were in place to help safeguard people from abuse. Inspection of the training plan showed 58% of the staff had received training in the protection of adults, the remaining staff were awaiting training. Policies and procedures for safeguarding people from harm were in place. These provided guidance on identifying and responding to the signs and allegations of abuse. The staff we spoke with were able to tell us what action they would take if abuse was suspected or witnessed.

All members of staff had access to the whistle-blowing procedure (the reporting of unsafe and/or poor practice). Staff we spoke with were familiar with the policy and knew how to escalate concerns within the organisation.

During our inspection we looked at risk assessments. One staff member told us "Risk assessments are about what we can put in place to protect people, not about restricting people". This showed the staff member had a clear understanding of the purpose of risk assessments and that they were not in place to restrict people who used the service.

We examined four care files during our inspection. We saw support plans that were in place incorporated any risks identified. We saw there was a risk matrix included which categorised the risk (low, medium, high etc.) and detailed information was included in relation to managing any identified risks.

Records showed risk assessments were in place for all areas of the general environment and policies and

procedures were in place in relation to ensuring compliance with health and safety regulations. This helped to ensure the safety and well-being of everybody living, working and visiting the home.

We saw equipment was available to support people who had limited or no mobility. Mechanical hoists and wheelchairs were available to help people with their mobility. Mechanical hoists were inspected on a regular basis by an external company and deemed appropriate and safe for use. We saw that each person had been assessed for the suitability of slings and each person had their own personal sling. Wheelchairs were also checked on a regular basis by the maintenance person to ensure they were safe for use.

We found robust recruitment processes were followed by the manager when recruiting new staff. We saw the provider had a policy and procedure to guide them on the relevant information and checks to be gathered prior to new staff commencing; ensuring their suitability to work at the service.

We examined the files for six staff members. The files contained three written references and an application form (where any gaps in employment could be investigated). Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

The service had a business continuity plan in place instructing staff on how to deal with emergency situations such as chemical spills, gas leaks and fire and also contained emergency action plans and risk assessments. This should ensure that staff members were able to deal with emergency situations safely and effectively.

We saw that all the gas and electrical equipment had been serviced and checked. This included the fire alarm system, electrical installation, gas appliances, portable electric appliances, fire extinguishers and emergency lighting.

We looked at all the records relating to fire safety. We found that people who used the service had a Personal Emergency Evacuation Plan (PEEP) in place. These detailed how many staff would be required to support the person,

Is the service safe?

any mobility issues and any other special considerations that needed to be taken into account. This should ensure that staff members know how to safely evacuate people who use the service in an emergency situation.

The service had a fire risk assessment in place. A fire emergency plan was also available in communal areas to instruct people what to do if they discovered a fire, escape routes and assembly points. The service also had a business continuity plan for how the service would function in an emergency situation such as fire.

Inspection of records showed that an up to date fire risk assessment was in place and regular in-house fire safety checks had been carried out to check that the fire alarm, emergency lighting and fire extinguishers were in good working order. Regular fire drills were undertaken.

We saw infection prevention and control policies and procedures were in place and regular infection control

audits were undertaken. Infection prevention and control training was an essential part of the training programme for all staff. On site laundry facilities were provided. The laundry looked clean and well organised

We saw staff were provided with protective clothing of disposable gloves and aprons for when they carried out personal care duties. Alcohol hand-gel was available at points throughout the service and hand-wash sinks with liquid soap and paper towels were in place in the bedrooms where personal care was carried out. This helped to prevent the spread of infection.

There was a contract for the disposal of contaminated waste and the water outlets were treated to prevent Legionnaires disease. Hot water outlet temperatures were checked to ensure they did not scald people. Windows had a suitable device fitted to prevent people who used the service from falling out accidentally and radiators did not pose a threat to people's welfare.

Is the service effective?

Our findings

All the relatives we spoke with told us they felt the staff had sufficient knowledge and skills to effectively care for their family member. A discussion with the staff showed they had a good understanding of the needs of the people they were looking after. Staff we spoke with told us what support people needed and what they liked and did not like to do.

Staff told us and records we looked at showed staff completed an induction when they commenced employment. The induction covered mandatory training such as safeguarding, infection control and mental capacity act 2005 (MCA).

Training records showed that various training courses were available such as infection control, food safety, nutrition and hydration, first aid awareness, moving and handling, MCA, safeguarding adults, fire safety, equality and diversity, customer care and communication. Staff also received specialist training in relation to Huntington's Disease.

We looked at the training matrix during our inspection. The training matrix highlighted the frequency at which these courses were to be undertaken by staff members, this being six or twelve monthly. We found that 79% of the staff had not undertaken training in equality and diversity, data protection, customer care and communication. We also found that the majority of staff had not received refresher training in many areas, such as fire safety, safeguarding and moving and handling. This meant that staff did not have up to date and relevant training that would assist them to meet people's needs.

We spoke with the two managers who informed us that they were aware staff members were behind with their training needs. This was being addressed and we observed that courses had been arranged for staff in the near future.

Staff told us and the policy for the service showed that staff should receive a minimum of six supervisions a year. One staff member we spoke with told us they had received one supervision in the last eight months.

We looked at the supervision records for seven other staff members. Of the seven staff files we reviewed we found that five staff members had not received supervision in the last 6 months. This meant that staff did not have a formal opportunity to discuss their roles and responsibilities.

These matters are a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ten out of the eleven people who used the service were unable to communicate verbally. We spoke with staff members regarding this and asked how they communicated with the people they supported. All the staff we spoke with told us they knew people well and had learned to communicate with them in ways other than verbally. Staff told us they used many options such as, picture boards, body language and by using hand gestures. One staff told us "We say put your thumbs up if that is okay" and "Speaking to other staff that knew people well" was a way of finding the most effective communication method. Relatives were also an integral part of finding the best ways to support people.

From our observations and inspection of care records it was evident that most people were not able to consent to the care provided. An inspection of the care records showed how 'best interest decisions' had been made on their behalf. A 'best interest' meeting is where other professionals, and family if relevant, decide the best course of action to take to ensure the best outcome for the person using the service. We saw that the service had involved external health professionals in their decision making process and acted in the best interest of the person being assessed.

One staff member we spoke with told us the "Mental Capacity Act training helped me better understand the needs of the residents".

DoLS are part of the MCA. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty where this has been legally authorised.

The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. We saw that eleven applications had been made to the supervisory body (local authority) and some had been approved. Records we looked at provided evidence that the manager had followed the correct procedure to ensure any restrictions to which a person was unable to consent were legally authorised under the DoLS.

Is the service effective?

All the relatives we spoke with told us they felt the health needs of their family member were being met at Thames House. One relative spoke positively with us about how their family member had gained much needed weight since using the service and how their skin had improved.

In addition to the care staff at the home, we saw that people's health care needs were met from a range of people. The care records we looked at also showed people had access to external health and social care professionals, such as social workers, GP's, community nurses, dentists and chiropodists. The service also had access to psychologists and specialists in Huntington's Disease.

The service had a main kitchen where all meals were made. The kitchen had been awarded the five star very good rating by environmental health which meant food was stored and served safely. The catering manager undertook necessary checks and the cleaning of the kitchen.

We checked to see if people were provided with a choice of suitable and nutritious food to ensure their health care needs were met. A four week rotating menu was in place within the service. On the day of our inspection we noted a cooked breakfast was available on request in addition to toast and cereals. A choice of two main courses and two desserts were available for lunch and dinner. The catering manager informed us they were notified of any changes to people's dietary requirements and of any allergies. The dietician liaised with staff and this was passed on to the catering staff.

Each unit also had a satellite kitchen located in the dining rooms. Within this area it was possible for people who used the service to make themselves drinks and snacks at any time of day. The menu for the day was also displayed in this area so people could see what food was on offer for the day.

The layout of the building ensured that all areas of the home were accessible for people whose mobility was limited. Corridors were wide allowing wheelchairs to be easily manoeuvred around the service. Bedroom doors were wide so that wheelchairs and hoists were able to be used in people's bedrooms.

The main bathroom on both units was well equipped and had sensory equipment installed. This included a number of different coloured lights which projected around the bathroom. There was also the option of having music played directly in the bathroom. This showed the service was committed to making the bathing experience relaxing and enjoyable for people who used the service.

Staff we spoke with told us the service had plans to refurbish the garden area of the service as it was not currently accessible for people in wheelchairs. We were told that grassed areas were being removed and the whole area would be flagged, with raised flower beds and a water feature. This would ensure that those people who used a wheelchair were able to access the garden area.

Is the service caring?

Our findings

When speaking to one staff, we asked what one of the strengths of Thames House was, the staff member told us “Caring staff”. Relatives we spoke with told us “The sincerity of the staff is a strong feature” and “We can visit anytime” and were made to feel welcome.

We observed staff talking with service users, one staff member was singing to a person which made them smile. Staff understood the needs of the service users and came to a good understanding of the different ways in which people could communicate with staff.

Care staff spoken with were familiar with people’s choices and preferences about their care. They spoke about wanting to provide good care for people. All of the care staff we spoke with confirmed that they would be happy for the service to look after one of their relatives. Staff we spoke with explained how they upheld people’s privacy and dignity. Staff also spoke with people discreetly about their personal care needs. Staff understood that they had to be aware of people’s individual values and attitudes around privacy and dignity when providing care.

People who used the service were supported to maintain relationships with their families. During our inspection we

observed some family members taking their relative out for a walk in the local area. One relative told us they worked shifts and were able to visit their family member at a time that was convenient for both.

We looked at various records throughout the service and found that staff wrote about people who used the service in a compassionate and respectful manner. We saw that people were asked about their likes and dislikes and these were documented in care records. Personal information was stored securely within the service and only staff members had access to records.

There was no one receiving end of life care on the day of our inspection. However, the two visiting manager told us that the Huntington’s Disease Association provided support and training to staff members which included supporting people at the end of their life, including the involvement of families. They told us they also received support from McMillan nurses to prevent people being admitted into hospital.

Located within the service was an en-suite bedroom. The main use for this was during times when a person who used the service was at the end of their life and their relatives wished to be near them. This showed the services’ commitment to people and their families at the end of their life.

Is the service responsive?

Our findings

The service had two activity co-ordinators who organised all the activities for people who used the service. Staff told us that due to the level of support people within the service required, it was necessary to repeat trips so that everyone could attend. Trips we were told had been undertaken included; cinema, walks, shopping, boat trips, theatre shows, Hollingworth Lake, Manchester Summer Garden Festival and Touchstones museum.

We saw photographs were on display in corridors of activities that people who used the service had been involved in. These included a Halloween party where people had put fancy dress on. We were informed by a staff member that due to the difficulties getting all the people who used the service to the theatre, they had arranged for a theatre company to visit to put on a production for people.

The care records we looked at showed that assessments were undertaken prior to the person being admitted to the home. This was to ensure their needs could be met. The care records contained enough information to guide staff on the care and support required and also lots of information about what was important to the person in their daily lives. They also contained specific specialist information and guidance from the relevant professionals involved in their care; such as speech therapists.

The care records showed that risks to people's health and well-being had been identified and plans were in place to

help reduce or eliminate the risk. We saw the care records were reviewed regularly by staff to ensure the information was fully reflective of the person's current support needs. We also saw evidence in the care records to show that either the person who used the service and/or their family had been involved in the care planning and decision making.

There was a compliments, complaints and suggestions book located in the hallway for people to raise a compliment or concern. There was also a complaints file which included a policy and procedure which told people how to complain, who to complain to, the time they could expect a reply and how to take it further if they wished. Staff told us how they would respond to any concerns by either dealing with simple matters themselves or referring people to someone senior.

We saw that 'verbal handover' meetings were undertaken on each shift to help ensure that any change in a person's condition and subsequent alterations to their care plan was properly communicated and understood.

Staff members ensured they gave people choices about the care and support they received on a daily basis. We observed one staff member discussing the menu for the day with someone who used the service. This enabled the person to make an informed choice of what they would like for their lunch. One staff member told us people were given choices about what they wanted to wear by showing them clothes and waiting for a response.

Is the service well-led?

Our findings

The service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'.

Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider notified us that the previous registered manager had terminated their employment on the 27 May 2015.

The temporary manager of the service was not on duty on the day of our inspection and as a result of this two registered managers from the provider's other services attended for the duration of our inspection. They informed us the process was underway to recruit a new manager for the service; however this had been taking some time as they "Wanted to find the right person". In the meantime the peripatetic manager would remain at the service.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

We asked one staff member what the culture of the home was like. They told us "It is good, people are included and staff get along for the best of people who use the service". However, they went on to tell us they occasionally felt "There is a lack of support from above" particularly in relation to the poor staffing levels in the service.

We looked at the quality assurance systems in place within the service and found that these were sufficiently robust to identify areas for improvement. The audits we looked at included medicines, care plans, fire safety and

housekeeping. We were told by the two visiting managers that the 'compliance team' undertake an annual audit of the whole service to ensure they are meeting regulations. We also saw that the manager was responsible for undertaking monthly audits which included health and safety.

There were policies and procedures for staff to follow good practice which were reviewed regularly. We looked at several policies and procedures which included medicine administration, safeguarding, infection control, health and safety, whistle blowing, compliments, comments and complaints. These were accessible for staff and provided them with guidance to undertake their role and duties.

Records we looked at showed that annual satisfaction surveys were given to people who used the service, staff members and relatives. The survey's covered topics such as living experience, food, drink, concerns, complaints, work life balance, health and safety, choice and involvement. This showed the service was actively seeking the views of a number of people in order to improve the service.

Staff told us and records we looked at showed that regular staff meetings were held. Staff were given the opportunity to voice their opinions, concerns, issues and compliments during these meetings and were encouraged to attend. These meeting also gave staff the opportunity to discuss the needs of people who used the service.

We saw that meetings were held every month for people who used the service. A check of the minutes from the meetings showed they were well attended and that action plans were put into place to deal with issues raised; such as suggestions for activities.

Improvement plans were in place for the service. We saw the reception area had recently been re-furnished to a high standard. The two visiting managers told us managers are expected to maintain a high standard in relation to the environment.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Sufficient numbers of suitably qualified, competent, skilled and experienced staff were not deployed.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.